



# County of Sonoma

## **2017-2018 Annual Enrollment Extra-Help Benefits Guide**



## TABLE OF CONTENTS

What's New for 2017-2018? .....	3
More Medical Plan Choices! .....	3
2017 Employee Annual Enrollment Meetings Schedule.....	4
Need Help Choosing a Plan or Understanding Plan Options? .....	6
Submitting Your Elections .....	6
Social Security Numbers for Your Dependents Are Required.....	7
Deadline for Enrolling.....	7
Customer Service Support.....	8
Premium Cost for Medical Plans .....	8
County Contribution toward Medical Coverage for Extra Help.....	8
Medical Plan Premium Collection .....	9
Extra Help Employees Semi-Monthly Rates.....	9
2017-2018 Medical Plan Comparison Charts.....	10
Health Maintenance Organization (HMO) Options .....	10
Deductible Health Maintenance Organization (DHMO) Options .....	13
High Deductible Health Plan (HDHP).....	16
Continued Coverage and Conditions for Regaining Eligibility for Medical Plan .....	19
Using Your Benefits Wisely .....	19
24-hour Nurse Line Phone Numbers:.....	19
Plan Contact Information .....	20
Required Notices .....	21

# COUNTY OF SONOMA

## ANNUAL ENROLLMENT FOR ELIGIBLE EXTRA-HELP EMPLOYEES

**Monday, March 13, 2017 through Friday, March 31, 2017**  
***Effective date of coverage is June 1, 2017***  
***New Premiums Begin on May 3, 2017 to Pay for June Premiums***

You are receiving this information because you meet the eligibility requirements to enroll in County medical coverage during the County's Annual Enrollment. If you do not enroll during this annual enrollment period, you will be declining coverage for June 1, 2017 through May 31, 2018.

### **Annual Enrollment**

Annual Enrollment is **Monday, March 13, 2017 through Friday, March 31, 2017**. During this period, you may:

- Enroll in coverage
- Change medical plan
- Add/Drop/Waive dependents from your coverage
- Decline medical coverage
- Waive medical coverage (if enrolled in other Group Coverage or Covered CA)

### **WHAT'S NEW FOR 2017-2018?**

Premium rates are changing. Please see the Premium Rate Table. The following is a summary of significant changes.

### **More Medical Plan Choices!**

Sutter Health Plus and Western Health Advantage will be offering four new plans in the Northern California region, effective June 1, 2017. The new plans are:

- Sutter Health Plus Hospital Services DHMO
- Sutter Health Plus Deductible First HDHP
- Western Health Advantage Hospital Services DHMO
- Western Health Advantage Deductible First HDHP

These four new plans have similar benefits as the current Kaiser Permanente Hospital Services DHMO and Kaiser Permanente Deductible First HDHP plans, but with several differences. Please review the Medical Comparison Chart carefully. Employees who are considering enrolling in one of the new medical plans should also review the Summary of Benefits and Coverage (SBC) and Evidence of Coverage (EOC) for more specific plan information, available online at:

<http://sonomacounty.ca.gov/HR/Benefits/Annual-Enrollment/>.

More information on these medical plan options can be found on the [Annual Enrollment Website](#). Please note that Extra Help Employees eligibility is limited to medical plan coverage, excluding the County Health Plans (PPO and EPO) and the Employee Assistance Plan through ValueOptions only.

Any coverage elected during the Annual Enrollment period will be in effect for the 2017-2018 plan year, which begins June 1, 2017 and ends May 31, 2018. If you decline coverage, your next opportunity to enroll in a County-sponsored medical plan will be during the 2018 Annual Enrollment period, unless you have a mid-year qualifying event and notify the Benefits Unit with 31 days of the event.

### **ATTEND A MEETING TO LEARN MORE ABOUT THE MEDICAL PLANS**

Attend one of the many Annual Enrollment Meetings to learn more about your benefits and the new medical plan options. Please allow **up to 2 hours** per session. You may attend these meetings on County-paid time with supervisory approval.

Human Resources Benefit Staff and representatives from Kaiser Permanente, Sutter Health Plus, and Western Health Advantage will be on hand to answer your questions.

If you are unable to attend an Annual Enrollment meeting and/or have plan questions after reviewing this information, please call CareCounsel, your personal, confidential, healthcare advocate service, at **888-227-3334**. CareCounsel can assist you in evaluating the new plans related to your specific medical needs.

## **2017 Employee Annual Enrollment Meetings Schedule**

DATE	TIME	DEPT/LOCATION	STREET ADDRESS	ROOM
<b>Monday, March 13</b>	10:30 a.m. - 12:30 p.m.	Sonoma County Fairgrounds	1350 Bennett Valley Rd.	Showcase Cafe
	2:00 p.m. - 4:00 p.m.	Human Resources & County Administration	575 Administration Dr., Ste. 102A	Board of Supervisors' Chambers
<b>Tuesday, March 14</b>	9:00 a.m. - 11:00 a.m.	Department of Health Services (DHS)	490 Mendocino Ave., 2nd Floor	Manzanita Conf. Rm.
	12:30 p.m. - 2:30 p.m.	Human Resources & County Administration	575 Administration Dr., Ste. 117C	Human Resources Large Training Rm.
	3:00 p.m. - 5:00 p.m.	Agricultural Preservation & Open Space District (OSD)	747 Mendocino Ave.	Large Conference Rm.

DATE	TIME	DEPT/LOCATION	STREET ADDRESS	ROOM
<b>Wednesday, March 15</b>	7:30 a.m. - 9:30 a.m.	Transportation & Public Works (TPW) Road Maintenance	2175 Airport Blvd.	Conference Rm.
	10:30 a.m. - 12:30 p.m.	SCERA	433 Aviation Blvd., Ste. 100	Board Rm.
	2:00 p.m. - 4:00 p.m.	Child Support Services (DCSS)	3725 Westwind Blvd., Ste. 200	Conference Rm. C
<b>Thursday, March 16</b>	10:00 a.m. - 12:00 p.m.	Human Resources & County Administration	575 Administration Dr., Ste. 102A	Board of Supervisors' Chambers
	12:30 p.m. - 12:30 p.m.	Transportation & Public Works (TPW)	2300 County Center Dr., Ste. B100	Main Conference Rm.
	3:00 p.m. - 5:00 p.m.	Department of Health Services (DHS)	625 5th Street	City View Rm.
<b>Friday, March 17</b>	9:00 a.m. - 11:00 a.m.	Employment and Training	2227 Capricorn Way, Ste. 100	Santa Rosa Conference Rm.
	12:30 p.m. - 2:30 p.m.	Community Development Commission	1440 Guerneville Rd.	Hearing Rm.
<b>Monday, March 20</b>	7:30 a.m. - 9:30 a.m.	Sonoma County Sheriff's Office	2796 Ventura Ave.	Training Rm.
	10:00 a.m. - 12:00 p.m.	General Services	2300 County Center Dr., Ste. A200	La Plaza A-212 Conference Rm.
	2:00 p.m. - 4:00 p.m.	Department of Health Services (DHS)	3313 Chanate Rd.	The Rotunda Rm.
<b>Wednesday, March 22</b>	9:00 a.m. - 11:00 a.m.	Human Services Department (HSD)	3600 Westwind Blvd.	Wright Brothers Rm.
	12:30 p.m. - 2:30 p.m.	Sonoma County Water Agency	404 Aviation Blvd.	Redwood Rm.
	3:00 p.m. - 5:00 p.m.	Adult and Aging Services	3725 Westwind Blvd., Ste. 101	Carnelian Rm.
<b>Thursday, March 23</b>	9:00 a.m. - 11:00 a.m.	Employment and Training	2227 Capricorn Way, Ste. 100	Santa Rosa Conf. Rm.
	12:30 p.m. - 2:30 p.m.	Family, Youth & Children's Services	1202 Apollo Way	Annadel West Rm.
	3:00 p.m. - 5:00 p.m.	Sonoma County Sheriff's Office	2796 Ventura Ave.	Training Rm.
<b>Friday, March 24</b>	8:00 a.m. - 10:00 a.m.	Human Services Department (HSD)	520 Mendocino Ave.	Madrone Rm.
	1:00 p.m. - 3:00 p.m.	Juvenile Justice Center	7425 Rancho Los Guilicos Rd.	Lobby Conference Rm.
<b>Monday, March 27</b>	9:00 a.m. - 11:00 a.m.	Department of Health Services (DHS)	625 5th Street	City View Rm.
	12:30 p.m. - 2:30 p.m.	Permit & Resource Management (PRMD)	2550 Ventura Ave.	PRMD Hearing Rm.
	3:00 p.m. - 5:00 p.m.	Family, Youth & Children's Services	1202 Apollo Way	Annadel West Rm.
<b>Tuesday, March 28</b>	12:30 p.m. - 2:30 p.m.	Human Services Department (HSD)	2550 Paulin Dr., 2nd Floor	Sequoia Rm.
	3:00 p.m. - 5:00 p.m.	Department of Health Services (DHS)	3313 Chanate Rd.	The Rotunda Rm.

## Need Help Choosing a Plan or Understanding Plan Options?

### CareCounsel

#### Advocating for You and With

**You.** Navigating the complex world of health benefits can be a challenge, leaving you questioning

if you have made the right choices for you and your family's best health. CareCounsel's health advocacy program is a special benefit sponsored by the County that can help you understand and effectively navigate your health benefits. We offer high touch and customized service backed by experience and depth. We have provided assistance to thousands of employees since 1997 and look forward to helping you when you need it.

Here are just a few of the things CareCounsel can help you with:

- Choosing a health plan during Annual Enrollment
- Benefits education and assistance for all types of health plans (medical, dental, etc.)
- Getting the most of your healthcare dollars
- Helping you find physicians and get care
- Obtaining second opinions
- Troubleshooting medical claims/bills
- Grievances and appeals
- Navigating Medicare (when you turn 65 and ongoing)
- Access to the Stanford Health Library
- Stanford educational webinars and community education sessions
- Connecting you with expert healthcare resources
- Becoming a proactive health consumer



You can reach CareCounsel at 888-227-3334. Resources are also available through the CareCounsel web site at [www.carecounsel.com](http://www.carecounsel.com). CareCounsel is an autonomous subsidiary of Stanford Hospital & Clinics.

### Submitting Your Elections

Benefit elections and/or changes to your existing benefits are made online through the County's Employee Self-Service (ESS) system. Remember, your **DEADLINE to submit your election changes is March 31, 2017.**



A link will be e-mailed to you on the first day of the Annual Enrollment Period. Save the e-mail until you are ready to make your benefit elections.



Employee Self-Service is also accessible via the link located on the County of Sonoma Intranet (under “Resources” on the right side of the Intranet home page) or on the County’s Internet home page under “Employee Resources” (located on the bottom of the page in the gray bar). From the Employee Resources Internet page, in the left menu bar, select Employee Self-Service. Log into the Employee Self-Service (ESS) system using your ESS password. Forgot your password? Manage your password using the link on the bottom of the ESS webpage.

To begin the benefit enrollment/changes process (after logging in), select ***Extra Help Annual Enrollment*** located under Benefits section on the lower left side of the Employee Self-Service home page. Employee Self-Service (ESS) support and step-by-step instructions are available, so please make every effort to utilize the online system. However, if you are unable to access the Employee Self-Service system, you may complete and submit a paper enrollment form. The County of Sonoma Extra-Help Enrollment/Change Form is available on the County of Sonoma Human Resources web site: <http://sonomacounty.ca.gov/HR/Benefits/Annual-Enrollment/>

### **Social Security Numbers for Your Dependents Are Required**

This Annual Enrollment Period is your opportunity to add and/or drop dependents and to ensure that our records accurately reflect your benefit elections. If an eligible dependent is not listed in Employee Self-Service at the close of Annual Enrollment, March 31, 2017, your dependent(s) will not be covered and will not be able to access benefits when seeking medical plan services.

As part of the enrollment process, you will be required to provide a Social Security number or a Federal Tax Identification number for your dependent(s) when you enroll them in a County-sponsored medical plan. The County needs this information to comply with the Mandatory Insurer Reporting Law (Section 111 of Public Law 110-173). This law requires group health plan insurers, third-party administrators, and group health plan administrators to report information that the Department of Health and Human Services requires for purposes of coordination of benefits. Further information about the mandatory reporting requirements under this law is available at the following:

<http://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Mandatory-Insurer-Reporting-For-Group-Health-Plans/Overview.html>

### **Deadline for Enrolling**

All benefit elections and changes made through Employee Self-Service (ESS) must be completed and submitted by midnight on **Friday, March 31, 2017**.

Paper enrollment forms must be received by the Human Resources Benefits Unit and are due by **5:00 p.m. on Friday, March 31, 2017**. Submit paper forms to:

County of Sonoma Human Resources, Attn: Benefits Unit  
575 Administration Dr. Ste. 117C  
Santa Rosa, CA, 95403

## Customer Service Support

Visit the insurance company websites for additional resources.  
Contact the Human Resources Benefits Unit with questions related to your eligibility, coverage, and Annual Enrollment Period.

**E-mail:** [Benefits@Sonoma-County.org](mailto:Benefits@Sonoma-County.org)

**Phone:** 707-565-2900

**Internet:** [http://sonomacounty.ca.gov/HR/Benefits/Annual-](http://sonomacounty.ca.gov/HR/Benefits/Annual-Enrollment/)



Enrollment/

**Please note:** Staffing resources are limited. When calling, leave one clear message rather than multiple messages. Your call will be returned as soon as possible. Please do not call to confirm receipt of your election. Print a copy of your election as proof of completion.

## Premium Cost for Medical Plans

### COUNTY CONTRIBUTION TOWARD MEDICAL COVERAGE FOR EXTRA HELP

There is no change to the County Contribution for medical coverage for Extra-Help employees. The maximum County contribution amount per month is \$400 (\$200 semi-monthly). The County's contribution is pro-rated based on the hours worked in a pay period:

- If you work 40 hours or more in a pay period, you receive the full semi-monthly pay period County contribution of \$200.
- If you work 20 hours or more, but less than 40 hours in a pay period, you receive a prorated County contribution based on the hours you work.
- If you work less than 20 hours in a pay period, no County contribution will be paid.

**Premium deductions for coverage elected during Annual Enrollment begin May 3, 2017 for coverage effective June 1, 2017.** Premiums are collected in the month prior to coverage. Premiums for the plan will be paid in advance on the first two pay dates of the month prior to the coverage effective date and on the first two pay dates of every month thereafter. When payment has been made in full, coverage will take effect on the first of the month following payment and shall end on the last day of the same month. Coverage will be month to month and is dependent on full payment of premiums and subject to continued eligibility.

The employee premiums shall be paid through pre-tax payroll deduction as allowed by IRS Code Section 125.



## MEDICAL PLAN PREMIUM COLLECTION

**Premium for the 2017-2018 plan year begins on your May 3, 2017 pay check.** Premiums are collected in the month prior to the month of coverage. For example, premiums collected in May pay for June coverage. Premiums will be collected from your first and second pay check of the month. When there is a third pay check in a month, no premiums will be collected from that third pay check.

### Extra Help Employees Semi-Monthly Rates

Health Maintenance Organization (HMO) Options									
Coverage Level	Kaiser Permanente Traditional \$10 Copay			Sutter Health Plus Traditional \$10			Western Health Advantage Traditional \$10 Copay		
	Premium	County Contribution	Employee Cost	Premium	County Contribution	Employee Cost	Premium	County Contribution	Employee Cost
Single	\$368.57	\$200.00	<b>\$168.57</b>	\$287.53	\$200.00	<b>\$87.53</b>	\$347.19	\$200.00	<b>\$147.19</b>
Two-Party	\$737.14	\$200.00	<b>\$537.14</b>	\$575.10	\$200.00	<b>\$375.10</b>	\$694.39	\$200.00	<b>\$494.39</b>
Family	\$1,043.05	\$200.00	<b>\$843.05</b>	\$813.85	\$200.00	<b>\$613.85</b>	\$982.56	\$200.00	<b>\$782.56</b>

Deductible Hospital Maintenance Organization (DHMO) Options									
Coverage Level	Kaiser Permanente Hospital Services			Sutter Health Plus Hospital Services			Western Health Advantage Hospital Services		
	Premium	County Contribution	Employee Cost	Premium	County Contribution	Employee Cost	Premium	County Contribution	Employee Cost
Single	\$296.76	\$200.00	<b>\$96.76</b>	\$246.31	\$200.00	<b>\$46.31</b>	\$280.80	\$200.00	<b>\$80.80</b>
Two-Party	\$593.52	\$200.00	<b>\$393.52</b>	\$492.65	\$200.00	<b>\$292.65</b>	\$561.60	\$200.00	<b>\$361.60</b>
Family	\$839.83	\$200.00	<b>\$639.83</b>	\$697.15	\$200.00	<b>\$497.15</b>	\$794.68	\$200.00	<b>\$594.68</b>

High Deductible Health Plan (HDHP) - HSA Qualifying									
Coverage Level	Kaiser Permanente Deductible First			Sutter Health Plus Deductible First HDHP Deductible First			Western Health Advantage Deductible First		
	Premium	County Contribution	Employee Cost	Premium	County Contribution	Employee Cost	Premium	County Contribution	Employee Cost
Single	\$275.38	\$200.00	<b>\$75.38</b>	\$231.84	\$200.00	<b>\$31.84</b>	\$260.83	\$200.00	<b>\$60.83</b>
Two-Party	\$550.76	\$200.00	<b>\$350.76</b>	\$463.68	\$200.00	<b>\$263.68</b>	\$521.66	\$200.00	<b>\$321.66</b>
Family	\$779.32	\$200.00	<b>\$579.32</b>	\$656.11	\$200.00	<b>\$456.11</b>	\$738.15	\$200.00	<b>\$538.15</b>

## 2017-2018 Medical Plan Comparison Charts

<b>Health Maintenance Organization (HMO) Options</b>			
<b>Plan Information</b>	<b>Kaiser Permanente Group # 602484-0003</b>	<b>Sutter Health Plus ML42 Group # 131802-000001</b>	<b>Western Health Advantage Group # 950201-A000</b>
<b>General Information</b>			
<b>Health Plan Availability</b>	Based on residential zip code. Must live in service area within California	Based on residential zip code. Must live in service area within Northern California	Based on residential zip code. Must live in service area within Northern California
<b>Selecting a Primary Care Physician (PCP)</b>	Requires you to select a PCP who will work with you to manage your health care needs	Requires you to select a PCP who will work with you to manage your health care needs	Requires you to select a PCP who will work with you to manage your health care needs
<b>Seeing a Specialist</b>	Requires advance approval from the medical group or health plan for some services, such as treatment by a specialist or certain types of tests	Requires advance approval from the medical group or health plan for some services, such as treatment by a specialist or certain types of tests	Requires advance approval from the medical group or health plan for some services, such as treatment by a specialist or certain types of tests
<b>Dependent Children Eligibility</b>	Dependent child under age 26 Disabled: No age limit	Dependent child under age 26 Disabled: No age limit	Dependent child under age 26 Disabled: No age limit
<b>Deductibles and Maximums</b>			
<b>Plan Year (June 1 - May 31) Deductible</b>	None	None	None
<b>Plan Year Out-of-Pocket Maximum (Including Deductibles, Copays, and Coinsurance)</b>	Individual: \$1,500 Any One Member in a family of two or more: \$1,500 Family of two or more: \$3,000	Individual: \$1,500 Any One Member in a family of two or more: \$1,500 Family of two or more: \$3,000	Individual: \$1,500 Any One Member in a family of two or more: \$1,500 Family of two or more: \$3,000
<b>Office Visits and Professional Services</b>			
<b>Physician &amp; Specialist Office Visit</b>	\$10 co-pay	\$10 co-pay	\$10 co-pay
<b>Preventative Care Birth to Age 18</b>	No charge	No charge	No charge
<b>Preventive Care Adult Routine Care</b>	No charge	No charge	No charge
<b>Physical Therapy (medically necessary treatment only)</b>	\$10 co-pay	\$10 co-pay	\$10 co-pay
<b>Diagnostic Lab and X-ray</b>	No charge	No charge	No charge

<b>Health Maintenance Organization (HMO) Options (continued)</b>			
<b>Plan Information</b>	<b>Kaiser Permanente Group # 602484-0003</b>	<b>Sutter Health Plus ML42 Group # 131802-000001</b>	<b>Western Health Advantage Group # 950201-A000</b>
<b>Office Visits and Professional Services (continued)</b>			
<b>Physical Therapy (medically necessary treatment only)</b>	\$10 co-pay	\$10 co-pay	\$10 co-pay
<b>Chiropractic and Acupuncture</b>	Discounted rates through Kaiser Choose Healthy	Chiropractic: \$10 co-pay Up to 20 visits per year Acupuncture: Not covered	Chiropractic: \$10 co-pay Acupuncture: \$10 co-pay Up to 20 visits per year combined
<b>Mental Health (MH) &amp; Substance Use Disorder (SUD) (Outpatient)</b>	\$10 co-pay individual therapy \$5 co-pay group therapy	\$10 co-pay individual therapy \$5 co-pay group therapy	\$10 co-pay individual or group therapy
<b>Family Planning Counseling and Consultation</b>	No charge	No charge	No charge
<b>Routine Eye Exams with Plan Optometrist</b>	No charge	No charge for annual refractive eye exam	No charge
<b>Hearing Exam</b>	No charge	No charge	No charge
<b>Allergy Injections (serum included)</b>	Not covered	\$10 co-pay	\$3 co-pay
<b>Infertility Services</b>	\$10 co-pay	50% coinsurance	\$10 co-pay
<b>Surgical and Hospital Services</b>			
<b>Hospital and Physician Services</b>	Facility Fee: No charge Physician/Surgeon Fee: No charge	Facility Fee: No charge Physician/Surgeon Fee: No charge	Facility Fee: No charge Physician/Surgeon Fee: No charge
<b>Outpatient Surgery</b>	\$10 co-pay	\$10 co-pay per procedure	\$10 co-pay
<b>Maternity</b>	No charge	No charge	No charge
<b>Emergency Room</b>	\$50 co-pay (waived if admitted)	\$50 co-pay (waived if admitted)	\$50 co-pay (waived if admitted)
<b>Ambulance</b>	\$50 per trip	\$50 per trip	\$50 per trip
<b>Mental Health (MH) &amp; Substance Use Disorder (SUD) (Inpatient)</b>	No charge	No charge	No charge
<b>Skilled Nursing Facility</b>	No charge Up to 100 days per benefit period	No charge Up to 100 days per benefit period	No charge Up to 100 days per benefit period
<b>Home Health</b>	No charge Up to 100 visits per year	No charge Up to 100 visits per year	No charge Up to 100 visits per year

## Health Maintenance Organization (HMO) Options (continued)

Plan Information	Kaiser Permanente Group # 602484-0003	Sutter Health Plus ML42 Group # 131802-000001	Western Health Advantage Group # 950201-A000
Hearing Aids	Not covered	Not covered	Not covered
Urgent Care	\$10 co-pay	\$15 co-pay	\$10 co-pay
Durable Medical Equipment (DME)	20% coinsurance in accordance with formulary	No charge	20% coinsurance
<b>Prescription Drugs</b>			
Generic or Tier 1	\$5 co-pay Up to 100 day supply	\$5 co-pay Up to 30 day supply	\$5 co-pay Up to 30 day supply
Formulary Brand or Tier 2	\$10 co-pay Up to 100 day supply	\$10 co-pay Up to 30 day supply	\$10 co-pay Up to 30 day supply
Non-Formulary Brand or Tier 3	\$10 co-pay Up to 100 day supply	\$20 co-pay Up to 30 day supply	\$20 co-pay Up to 30 day supply
Mail Order Benefit Generic or Tier 1	\$5 co-pay Up to 100 day supply	\$10 co-pay Up to 100 day supply	\$5 co-pay Up to 90 day supply
Mail Order Benefit Formulary Brand or Tier 2	\$10 co-pay Up to 100 day supply	\$20 co-pay Up to 100 day supply	\$10 co-pay Up to 90 day supply
Mail Order Benefit Non- Formulary Brand or Tier 3	\$10 co-pay Up to 100 day supply	\$40 co-pay Up to 100 day supply	\$20 co-pay Up to 90 day supply
Mandatory Mail Order	No	No	No
Mandatory Generic Program	N/A	Dispense As Written Program	Yes

## Deductible Health Maintenance Organization (DHMO) Options

Plan Information	Kaiser Permanente Hospital Services Group # 602484-0006	Sutter Health Plus Hospital Services - ML21 Group # 131802-000005	Western Health Advantage Hospital Services
<b>General Information</b>			
<b>Health Plan Availability</b>	Based on residential zip code. Must live in service area within California	Based on residential zip code. Must live in service area within Northern California	Based on residential zip code. Must live in service area within Northern California
<b>Selecting a Primary Care Physician (PCP)</b>	Requires you to select a PCP who will work with you to manage your health care needs	Requires you to select a PCP who will work with you to manage your health care needs	Requires you to select a PCP who will work with you to manage your health care needs
<b>Seeing a Specialist</b>	Requires advance approval from the medical group or health plan for some services, such as treatment by a specialist or certain types of tests	Requires advance approval from the medical group or health plan for some services, such as treatment by a specialist or certain types of tests	Requires advance approval from the medical group or health plan for some services, such as treatment by a specialist or certain types of tests
<b>Dependent Children Eligibility</b>	Dependent child under age 26 Disabled: No age limit	Dependent child under age 26 Disabled: No age limit	Dependent child under age 26 Disabled: No age limit
<b>Deductibles and Maximums</b>			
<b>Calendar Year Deductible</b>	Individual: \$1,500 Any One Member in a family of two or more: \$1,500 Family of two or more: \$3,000	Individual: \$1,000 Any One Member in a family of two or more: \$1,000 Family of two or more: \$2,000	Individual: \$1,500 Any One Member in a family of two or more: \$1,500 Family of two or more: \$3,000
<b>Calendar Year Out-of-Pocket Maximum (Including Deductibles, Copays, and Coinsurance)</b>	Individual: \$4,000 Any One Member in a family of two or more: \$4,000 Family of two or more: \$8,000	Individual: \$3,000 Any One Member in a family of two or more: \$3,000 Family of two or more: \$6,000	Individual: \$4,000 Any One Member in a family of two or more: \$4,000 Family of two or more: \$8,000
<b>Office Visits and Professional Services</b>			
<b>Physician &amp; Specialist Office Visit</b>	\$20 co-pay, no deductible	\$20 co-pay, no deductible	\$20 co-pay, no deductible
<b>Preventive Care Birth to Age 18</b>	No charge, no deductible	No charge, no deductible	No charge, no deductible
<b>Preventive Care Adult Routine Care</b>	No charge, no deductible	No charge, no deductible	No charge, no deductible
<b>Preventive Care Adult Routine OB/GYN</b>	No charge, no deductible	No charge, no deductible	No charge, no deductible
<b>Diagnostic Lab and X-ray</b>	Diagnostic Lab: \$10 co-pay per encounter, no deductible Diagnostic X-ray: \$10 co-pay per encounter, no deductible	Diagnostic Lab: \$20 co-pay, no deductible Diagnostic X-ray: \$10 co-pay per procedure, no deductible CT/PET Scans & MRI: \$50 per procedure, no deductible	Diagnostic Lab: No charge, no deductible Diagnostic X-ray: No charge, no deductible

## Deductible Health Maintenance Organization (DHMO) Options (continued)

Plan Information	Kaiser Permanente Hospital Services Group # 602484-0006	Sutter Health Plus Hospital Services - ML21 Group # 131802-000005	Western Health Advantage Hospital Services
<b>Office Visits and Professional Services (continued)</b>			
<b>Physical Therapy (medically necessary treatment only)</b>	\$20 co-pay, no deductible	\$20 co-pay, no deductible	\$20 co-pay, no deductible
<b>Chiropractic and Acupuncture</b>	Discounted rates through Kaiser Choose Healthy	Chiropractic: \$20 co-pay, no deductible up to 20 visits per year Acupuncture: Not covered	Chiropractic: \$15 co-pay, no deductible Acupuncture: \$15 co-pay, no deductible Up to 20 visits per year combined
<b>Mental Health (MH) &amp; Substance Use Disorder (SUD) (Outpatient)</b>	\$20 co-pay MH/SUD individual, no deductible \$10 co-pay MH group, no deductible \$5 co-pay SUD group, no deductible	\$20 co-pay MH/SUD individual, no deductible \$10 co-pay MH/SUD group, no deductible	\$20 co-pay, no deductible
<b>Family Planning Counseling and Consultation</b>	No charge, no deductible	No charge, no deductible	\$20 co-pay, no deductible
<b>Routine Eye Exams with Plan Optometrist</b>	No charge, no deductible	No charge, no deductible	No charge, no deductible
<b>Hearing Exam</b>	No charge, no deductible	No charge, no deductible	No charge, no deductible
<b>Allergy injections (serum included)</b>	No charge, no deductible	No charge, no deductible	No charge, no deductible
<b>Infertility Services</b>	50% coinsurance, no deductible	50% coinsurance, no deductible	50% coinsurance, no deductible
<b>Surgical and Hospital Services</b>			
<b>Hospitalization and Physician/Surgeon Services</b>	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
<b>Outpatient Surgery</b>	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
<b>Maternity</b>	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
<b>Emergency Room</b>	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
<b>Ambulance</b>	\$150 per trip, no deductible	No charge after deductible	\$150 per trip, no deductible
<b>Mental Health (MH) &amp; Substance Use Disorder (SUD) (Inpatient)</b>	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible



## Deductible Health Maintenance Organization (DHMO) Options (continued)

Plan Information	Kaiser Permanente Hospital Services Group # 602484-0006	Sutter Health Plus Hospital Services - ML21 Group # 131802-000005	Western Health Advantage Hospital Services
<b>Surgical and Hospital Services (continued)</b>			
<b>Skilled Nursing Facility</b>	20% coinsurance, no deductible Up to 100 days per benefit period	20% coinsurance, no deductible Up to 100 days per benefit period	20% coinsurance after deductible Up to 100 days per benefit period
<b>Home Health</b>	No charge, no deductible Up to 100 visits per year	No charge, no deductible Up to 100 visits per year	No charge, no deductible Up to 100 visits per year
<b>Urgent Care</b>	\$20 co-pay, no deductible	\$20 co-pay	\$20 co-pay
<b>Hearing Aids</b>	Not covered	Not covered	Not covered
<b>Durable Medical Equipment (DME)</b>	20% coinsurance in accordance with formulary, no deductible	20% coinsurance after deductible	20% coinsurance, no deductible
<b>Prescription Drugs</b>			
<b>Generic or Tier 1</b>	\$10 co-pay for a 30 day supply, no deductible	\$10 co-pay for a 30 day supply, no deductible	\$10 co-pay for a 30 day supply, no deductible
<b>Formulary Brand or Tier 2</b>	\$30 co-pay for a 30 day supply, no deductible	\$30 co-pay for a 30 day supply, no deductible	\$30 co-pay for a 30 day supply, no deductible
<b>Non-Formulary Brand or Tier 3</b>	\$30 co-pay for a 30 day supply, no deductible (Must be deemed medically necessary under the treatment of the Kaiser physician)	Tier 3 - \$60 co-pay for a 30 day supply, no deductible Tier 4 (Specialty Drug) - 20% coinsurance up to a maximum of \$100 per prescription for a 30 day supply, no deductible	\$50 co-pay for a 30 day supply, no deductible
<b>Mail Order Benefit Generic or Tier 1</b>	\$20 co-pay for a 100 day supply, no deductible	\$20 co-pay for a 100 day supply, no deductible	\$20 co-pay for a 90 day supply, no deductible
<b>Mail Order Benefit Formulary Brand or Tier 2</b>	\$60 co-pay for a 100 day supply, no deductible	\$60 co-pay for a 100 day supply, no deductible	\$60 co-pay for a 90 day supply, no deductible
<b>Mail Order Benefit Non-Formulary Brand or Tier 3</b>	\$60 co-pay for a 100 day supply, no deductible	\$120 co-pay for a 100 day supply, no deductible	\$100 co-pay for a 90 day supply, no deductible
<b>Mandatory Mail Order</b>	No	No	No
<b>Mandatory Generic Program</b>	N/A	Dispense As Written Program	Yes

<b>High Deductible Health Plan (HDHP)</b>			
<b>Plan Information</b>	<b>Kaiser Permanente Deductible First Group # 602484-0009</b>	<b>Sutter Health Plus Deductible First HD01/HD51 Group # 131802-000009</b>	<b>Western Health Advantage Deductible First</b>
<b>General Information</b>			
<b>Health Plan Availability</b>	Based on residential zip code. Must live in service area within California	Based on residential zip code. Must live in service area within Northern California	Based on residential zip code. Must live in service area within Northern California
<b>Selecting a Primary Care Physician (PCP)</b>	Requires you to select a PCP who will work with you to manage your health care needs	Requires you to select a PCP who will work with you to manage your health care needs	Requires you to select a PCP who will work with you to manage your health care needs
<b>Seeing a Specialist</b>	Requires advance approval from the medical group or health plan for some services, such as treatment by a specialist or certain types of tests	Requires advance approval from the medical group or health plan for some services, such as treatment by a specialist or certain types of tests	Requires advance approval from the medical group or health plan for some services, such as treatment by a specialist or certain types of tests
<b>Dependent Children Eligibility</b>	Dependent child under age 26 Disabled: No age limit	Dependent child under age 26 Disabled: No age limit	Dependent child under age 26 Disabled: No age limit
<b>Deductibles and Maximums</b>			
<b>Calendar Year Deductible</b>	Individual: \$1,300 Any One Member in a family of two or more: \$2,600 Family of two or more: \$2,600	Individual: \$1,500 Any One Member in a family of two or more: \$2,600 Family of two or more: \$3,000	Individual: \$1,300 Any One Member in a family of two or more: \$2,600 Family of two or more: \$2,600
<b>Calendar Year Out-of-Pocket Maximum (Including Deductibles, Copays, and Coinsurance)</b>	Individual: \$3,000 Any One Member in a family of two or more: \$6,000 Family of two or more: \$6,000	Individual: \$3,000 Any One Member in a family of two or more: \$6,000 Family of two or more: \$6,000	Individual: \$3,000 Any One Member in a family of two or more: \$6,000 Family of two or more: \$6,000
<b>Office Visits and Professional Services</b>			
<b>Physician &amp; Specialist Office Visit</b>	\$20 co-pay after deductible	\$20 co-pay after deductible	\$20 co-pay after deductible
<b>Preventive Care Birth to Age 18</b>	No charge, no deductible	No charge, no deductible	No charge, no deductible
<b>Preventive Care Adult Routine Care</b>	No charge, no deductible	No charge, no deductible	No charge, no deductible
<b>Preventive Care Adult Routine OB/GYN</b>	No charge, no deductible	No charge, no deductible	No charge, no deductible
<b>Diagnostic Lab and X-ray</b>	Diagnostic Lab: \$10 co-pay per encounter after deductible Diagnostic X-ray: \$10 co-pay per encounter after deductible	Diagnostic Lab: \$20 co-pay per visit after deductible Diagnostic X-ray: \$10 co-pay per procedure after deductible CT/PET Scans & MRI: \$50 per procedure after deductible	No charge after deductible

## High Deductible Health Plan (HDHP) (continued)

Plan Information	Kaiser Permanente Deductible First Group # 602484-0009	Sutter Health Plus Deductible First HD01/HD51 Group # 131802-000009	Western Health Advantage Deductible First
<b>Office Visits and Professional Services</b>			
<b>Physical Therapy (medically necessary treatment only)</b>	\$20 co-pay after deductible	\$20 co-pay after deductible	\$20 co-pay after deductible
<b>Chiropractic and Acupuncture</b>	Discounted rates through Kaiser Choose Healthy	Not covered	No charge after deductible
<b>Mental Health (MH) &amp; Substance Use Disorder (SUD) (Outpatient)</b>	\$20 co-pay after deductible	\$20 co-pay MH/SUD individual after deductible \$10 co-pay MH/SUD group after deductible	\$20 co-pay after deductible
<b>Family Planning Counseling and Consultation</b>	No charge, no deductible	No charge, no deductible	\$20 co-pay after deductible
<b>Routine Eye Exams with Plan Optometrist</b>	\$20 co-pay, no deductible	No charge, no deductible	No charge, no deductible
<b>Hearing Exam</b>	No charge, no deductible	No charge, no deductible	No charge, no deductible
<b>Allergy Injections (serum included)</b>	\$5 co-pay, no deductible	\$20 co-pay after deductible	\$5 co-pay after deductible
<b>Infertility Services</b>	Not covered	Not covered	50% coinsurance after deductible
<b>Surgical and Hospital Services</b>			
<b>Hospitalization and Physician/Surgeon Services</b>	\$250 co-pay per admission after deductible	Hospitalization Facility Fee: \$250 co-pay per day, up to 5 days after deductible Inpatient Physician Services: No charge after deductible	\$250 co-pay per admission after deductible
<b>Outpatient Surgery</b>	\$150 co-pay per procedure after deductible	Outpatient Surgery Fee: \$20 co-pay per visit after deductible	\$150 co-pay per procedure after deductible
<b>Maternity</b>	\$250 co-pay per admission after deductible	Delivery and hospital inpatient services: \$250 co-pay per day, up to 5 days after deductible	\$250 co-pay per admission after deductible
<b>Emergency Room</b>	\$100 co-pay after deductible	\$100 co-pay after deductible	\$100 co-pay after deductible
<b>Ambulance</b>	\$100 co-pay per trip after deductible	\$100 co-pay per trip after deductible	\$100 co-pay per trip after deductible

## High Deductible Health Plan (HDHP) (continued)

Plan Information	Kaiser Permanente Deductible First Group # 602484-0009	Sutter Health Plus Deductible First HD01/HD51 Group # 131802-000009	Western Health Advantage Deductible First
<b>Surgical and Hospital Services (continued)</b>			
<b>Mental Health (MH) &amp; Substance Use Disorder (SUD) (Inpatient)</b>	\$250 co-pay per admission after deductible	MH/SUD Inpatient Facility: \$250 co-pay per day, up to 5 days after deductible MH/SUD Inpatient Physician Services: No charge after deductible	\$250 co-pay per admission after deductible
<b>Skilled Nursing Facility</b>	\$250 co-pay per admission after deductible	\$100 co-pay per day up to 5 days after deductible	\$250 co-pay per admission after deductible
<b>Home Health</b>	No charge after deductible Up to 100 visits per year	No charge after deductible Up to 100 visits per year	No charge after deductible Up to 100 visits per year Up to 100 days per benefit period
<b>Urgent Care</b>	\$20 co-pay, no deductible	\$20 co-pay after deductible	\$20 co-pay after deductible
<b>Hearing Aids</b>	Not covered	Not covered	Not covered
<b>Durable Medical Equipment (DME)</b>	20% co-insurance in accordance with formulary, no deductible	20% coinsurance after deductible	20% co-insurance after deductible
<b>Prescription Drugs</b>			
<b>Generic or Tier 1</b>	\$10 co-pay for a 30 day supply after deductible	\$10 co-pay for a 30 day supply after deductible	\$10 co-pay Up to 30 day supply after deductible
<b>Formulary Brand or Tier 2</b>	\$30 co-pay for a 30 day supply after deductible	\$30 co-pay for a 30 day supply after deductible	\$30 co-pay for a 30 day supply after deductible
<b>Non-Formulary Brand or Tier 3</b>	\$30 co-pay for a 30 day supply after deductible (Must be deemed medically necessary under the treatment of the Kaiser physician)	Tier 3 - \$60 co-pay for a 30 day supply after deductible Tier 4 (Specialty Drug) - 20% coinsurance up to a maximum of \$100 per prescription for a 30 day supply after deductible	\$50 co-pay for a 30 day supply after deductible
<b>Mail Order Benefit Generic or Tier 1</b>	\$20 co-pay for a 100 day supply, no deductible	\$20 co-pay for a 100 day supply after deductible	\$20 co-pay for a 90 day supply after deductible
<b>Mail Order Benefit Formulary Brand or Tier 2</b>	\$60 co-pay for a 100 day supply after deductible	\$60 co-pay for a 100 day supply after deductible	\$60 co-pay for a 90 day supply after deductible
<b>Mail Order Benefit Non-Formulary Brand or Tier 3</b>	\$60 co-pay for a 100 day supply after deductible	\$120 co-pay for a 100 day supply after deductible	\$100 co-pay for a 90 day supply after deductible
<b>Mandatory Mail Order</b>	No	No	No

## Continued Coverage and Conditions for Regaining Eligibility for Medical Plan

Once enrolled in a medical plan, an Extra-Help employee who fails to work at least twenty (20) hours in any pay period in which a premium deduction was due, will be continue to be eligible for medical plan coverage by paying the full amount of the premiums by payroll deduction. If the employee's pay check is insufficient to fully cover the deduction, the employee must make arrangements to pay the premium directly to ATTC's Payroll Office. Premiums are due in the ACTTC's Payroll Office by the last day of the pay period in which there were insufficient hours worked. Failure to pay premiums will result in loss of coverage.

***Please reference your Sonoma County Salary Resolution or applicable Bargaining Unit Memorandum of Understanding for additional information about Extra-Help benefits and stipulations to continue medical plan coverage.***

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### USING YOUR BENEFITS WISELY

You can take these simple actions to improve your health and manage your out-of-pocket costs.

- **Seek preventive care.** Be sure to complete your annual physical or health screenings — this is key to identifying possible health issues and obtaining appropriate treatments early, which in turn, may help to improve your health and keep costs down over the longer run.
- **Use the emergency room only in the event of a life-threatening emergency.** An emergency room visit may be required for life-threatening events such as chest pain, heart attack or stroke, severe burns, deep cuts, visibly broken bones, uncontrollable bleeding, loss of consciousness, shortness of breath, and life threatening allergic reactions.

In non-emergency situations (e.g., for colds and flu, sprains and minor cuts), you should visit your physician or contact the 24-hour nurse line see below. Doing so can help to keep your out-of-pocket costs down and manage medical premium cost inflation from year-to-year. If you are unsure if you should visit your physician or an urgent care clinic, call the number on your medical insurance card for assistance and guidance.

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### 24-HOUR NURSE LINE PHONE NUMBERS:

- Kaiser Advice (24 hours): 707-393-4044
  - Kaiser Consejos (24 horas): 707-393-2482 (707-393-CITA)
  - California Relay Service: 711 (TTY for the hearing/speech impaired)
  - Sutter Health Plus Nurse Advise Line: 855-836-3500
  - Western Health Advantage Members Nurse24: 877-793-3655
- **Make healthy lifestyle choices.** Quitting smoking, regular exercise and good nutrition can help you to avoid costly lifestyle-driven health problems and in doing so, reduce your costs over time. Resources are available to help you at the following web sites:
    - <http://sonomacounty.ca.gov/HR/Benefits/Healthy-Habits/>

- <https://healthy.kaiserpermanente.org/>
- <http://www.sutterhealthplus.org/>
- <https://www.westernhealth.com/health-and-wellness/>

## Plan Contact Information

Contact your health plan carriers with questions related to your benefits coverage, to find network providers, preauthorize care as required, and confirm your residence is within the plans' service areas.

Plan	Phone	Website
<b>Kaiser Permanente Plans</b>  <b>Summary of Benefits and Coverage (SBC)</b>	800-464-4000	<a href="http://www.kp.org">www.kp.org</a> <a href="http://sonomacounty.ca.gov/HR/Benefits/Annual-Enrollment/">http://sonomacounty.ca.gov/HR/Benefits/Annual-Enrollment/</a>
<b>Sutter Health Plus HMO</b>  <b>Summary of Benefits and Coverage (SBC)</b>	855-315-5800	<a href="http://www.sutterhealthplus.org/sonoma-county">www.sutterhealthplus.org/sonoma-county</a> <a href="http://sonomacounty.ca.gov/HR/Benefits/Annual-Enrollment/">http://sonomacounty.ca.gov/HR/Benefits/Annual-Enrollment/</a>
<b>Western Health Advantage HMO</b>  <b>Summary of Benefits and Coverage (SBC)</b>	888-563-2250	<a href="http://www.WesternHealth.com">www.WesternHealth.com</a> <a href="http://sonomacounty.ca.gov/HR/Benefits/Annual-Enrollment/">http://sonomacounty.ca.gov/HR/Benefits/Annual-Enrollment/</a>
<b>County Wellness Program</b>	707-565-2900	<a href="http://sonomacounty.ca.gov/HR/Benefits/Healthy-Habits/">http://sonomacounty.ca.gov/HR/Benefits/Healthy-Habits/</a>
<b>Sonoma County HIPAA Privacy Practices</b>	707-565-4999	<a href="http://hr.sonoma-county.org/content.aspx?sid=1024&amp;id=1225">http://hr.sonoma-county.org/content.aspx?sid=1024&amp;id=1225</a>



## Required Notices

### Important Notice from the County of Sonoma about Your Prescription Drug Coverage and Medicare – Your Medicare Part D Notice

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the County of Sonoma and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. **County of Sonoma has determined that the prescription drug coverage offered by the County-sponsored medical plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage.**

**\*\*Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.\*\***

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#### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

As an employee, if you decide to join a Medicare drug plan, your current active employee County of Sonoma coverage will not be affected. As a retiree, if you decide to join a Medicare drug plan, your current retiree County of Sonoma coverage will be affected. For further information on how your coverage will be affected, please contact your benefit office or CareCounsel at the number below.

If you do decide to join a Medicare drug plan and drop your current County of Sonoma coverage, be aware that you and your dependents will not be able to get this coverage back.

### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with the County of Sonoma and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### **For More Information about This Notice or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the County of Sonoma changes. You also may request a copy of this notice at any time.

### **For More Information about Your Options under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

### **For more information about Medicare prescription drug coverage:**

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: March 1, 2017  
Name of Entity/Sender: County of Sonoma  
Contact—Position/Office: Human Resources Benefits Unit

Address: 575 Administration Dr., Suite 117C, Santa Rosa, CA 95403  
Phone Number: 707-565-2900 or [Benefits@sonoma-county.org](mailto:Benefits@sonoma-county.org)

**Health Insurance Counseling and Advocacy Program (HICAP): 800-434-0222**  
**Healthcare Advocacy, CareCounsel: 1-888-227-3334**

## Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in a County-sponsored plan if you or your dependents lose eligibility for that other coverage (or if your employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing towards the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

You and your dependents may also enroll in this plan if you (or your dependents):

- Have coverage through Medicaid or a State Children's Health Insurance Program (CHIP) and you (or your dependents) lose eligibility for that coverage. However, you must request enrollment within 60 days after the Medicaid or CHIP coverage ends.
- Become eligible for a premium assistance program through Medicaid or CHIP. However, you must request enrollment within 60 days after you (or your dependents) are determined to be eligible for such assistance.

To request special enrollment or obtain more information, contact HR Benefits Unit at 707-565-2900 or [benefits@sonoma-county.org](mailto:benefits@sonoma-county.org).

## Wellness Program Disclosure

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources Safety Unit at (707) 565-2298 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

## Newborns' Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Women's Health and Cancer Rights Act of 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, call Human Resources Benefits Unit at 707-565-2900.

## Patient Protection Disclosure

The County of Sonoma medical insurance plans generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in the medical insurance vendor's network and who is available to accept you or your family members. Until you make this designation, the medical insurance vendor designates one for you. For children, you may designate a pediatrician as the primary care provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Human Resources Benefits Unit at 707-565-2900.

You do not need prior authorization from medical insurance vendor or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who

specialize in obstetrics or gynecology, contact the Human Resources Benefits Unit at 707-565-2900.

### **Important Reminder to Provide the Plan with the Taxpayer Identification Number (TIN) OR Social Security Number (SSN) of Each Enrollee in a Health Plan**

Employers are required by law to collect the taxpayer identification number (TIN) or social security number (SSN) of each medical plan participant and provide that number on reports that will be provided to the IRS each year. Employers are required to make at least two consecutive attempts to gather missing TINs/SSNs.

If a dependent does not yet have a social security number, you can go to this website to complete a form to request a SSN: <http://www.socialsecurity.gov/online/ss-5.pdf>. Applying for a social security number is FREE.

If you have not yet provided the social security number (or other TIN) for each of your dependents that you have enrolled in the health plan, please contact HR Benefits Unit at 707-565-2900 or [benefits@sonoma-county.org](mailto:benefits@sonoma-county.org).

### **Privacy Notice Reminder**

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information from being inappropriately used and disclosed. The rules also give you additional rights concerning control of your own healthcare information.

A HIPAA Privacy Notice explains how the group health plan uses and discloses your personal health information. You are provided a copy of this Notice when you enroll in a health Plan. You can get another copy of this Notice from the County of Sonoma Privacy Officer at 707-565-4999 or [www.sonoma-county.org/privacy/privacy.html](http://www.sonoma-county.org/privacy/privacy.html).

### **CAUTION: If You Decline Medical Plan Coverage Offered Through the County of Sonoma**

If you are in a benefits-eligible position and choose not to be covered by one of County of Sonoma's medical plan options, remember that you must maintain medical plan coverage elsewhere or you can purchase health insurance through a Marketplace ([www.healthcare.gov](http://www.healthcare.gov)), typically at the Marketplace annual enrollment in the fall each year.

**Americans without medical plan coverage could have to pay a penalty when they file their personal income taxes.** Visit the Health Insurance Marketplace for detailed information on individual shared responsibility payment penalty.

If you choose to not be covered by a medical plan sponsored by County of Sonoma at this enrollment time, your next opportunity to enroll for County of Sonoma's medical plan coverage is at the next annual open enrollment time, unless you have a mid-year change event that allows you to add coverage in the middle of County of Sonoma's plan year.

## IRS Form 1095

Under the Affordable Care Act, starting in early 2016, employers (and in some cases insurance companies) are required to provide full-time employees, as well as other employees enrolled in a medical plan, with IRS Form 1095. The 1095 form should be provided to you by the end of March 2018.

For each month of 2015 that you were enrolled in a medical plan, this 1095 form documents that you (and any enrolled family members) met the federal requirement to have "minimum essential coverage or MEC," meaning group medical plan coverage. **Having minimum essential coverage means you and your family members may not have to pay a penalty when you file your personal income taxes.** Visit Covered California at <http://www.coveredca.com/individuals-and-families/getting-covered/the-tax-penalty-for-remaining-uninsured/> to learn about the penalty or visit the Health Insurance Marketplace at <https://www.healthcare.gov/fees-exemptions/fee-for-not-being-covered/> for detailed information on the individual shared responsibility payment penalty.

If you receive a 1095 form, you do not need to attach the form to your personal income tax return or wait to receive the form before filling your tax return. If you receive a form this year, **you should keep it in a safe place** with your other tax records because you may need to produce it if requested by the IRS. (For large employers, a copy of the form 1095 will also be provided to the IRS.)

## Keep the County Notified of Changes in Eligibility for Benefits

### YOU ARE REQUIRED TO PROVIDE TIMELY NOTICE

You or your Dependents must promptly furnish to the County's HR Benefits Unit information regarding change of name, address, marriage, divorce or legal separation, change in Domestic Partnership status, death of any covered family member, birth or change in status of a Dependent Child, Medicare enrollment or disenrollment, an individual meets the termination provisions of the Plan, or the existence of other coverage. Proof of legal documentation will be required for certain changes.

Notify the Plan preferably within 31 days, but no later than 60 days, after any of the above noted events.

**Failure to give the County a timely notice of the above noted events may:**



- a. cause you, your Spouse and/or Dependent Child(ren) to lose the right to obtain COBRA Continuation Coverage,
- b. cause the coverage of a Dependent Child to end when it otherwise might continue because of a disability,
- c. cause claims to not be able to be considered for payment until eligibility issues have been resolved,
- d. result in your liability to repay the Plan if any benefits are paid to an ineligible person. The Plan has the right to offset the amounts paid against the participant's future [medical, dental, and/or vision] benefits.

In accordance with the requirements in the Affordable Care Act, your employer will not retroactively cancel coverage (a rescission) except when premiums are not timely paid, or in cases when an individual performs an act, practice or omission that constitutes fraud, or makes an intentional misrepresentation of material fact that is prohibited by the terms of the Plan. Keeping an ineligible dependent enrolled (for example, an ex-spouse, overage dependent child, etc.) is considered fraud. If you have questions about eligibility contact HR Benefits Unit at 707-565-2900 or [benefits@sonoma-county.org](mailto:benefits@sonoma-county.org).



## **FAMILY CARE AND MEDICAL LEAVE (CFRA LEAVE) AND PREGNANCY DISABILITY LEAVE**

Under the California Family Rights Act of 1993 (CFRA), if you have more than 12 months of service with us and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave, you may have a right to family care or medical leave (CFRA leave). This leave may be up to 12 workweeks in a 12-month period for the birth, adoption, or foster care placement of your child or for your own serious health condition or that of your child, parent or spouse. While the law provides only unpaid leave, employees may choose or employers may require use of accrued paid leave while taking CFRA leave under certain circumstances.

Even if you are not eligible for CFRA leave, if you are disabled by pregnancy, childbirth or a related medical condition, you are entitled to take a pregnancy disability leave of up to four months, depending on your period(s) of actual disability. If you are CFRA-eligible, you have certain rights to take BOTH a pregnancy disability leave and a CFRA leave for reason of the birth of your child. Both leaves contain a guarantee of reinstatement—for pregnancy disability it is to the same position and for CFRA it is to the same or a comparable position—at the end of the leave, subject to any defense allowed under the law.

If possible, you must provide at least 30 days' advance notice for foreseeable events (such as the expected birth of a child or a planned medical treatment for yourself or of a family member). For events that are unforeseeable, we need you to notify us, at least verbally, as soon as you learn of the need for the leave. Failure to comply with these notice rules is grounds for, and may result in, deferral of the requested leave until you comply with this notice policy.

We may require certification from your health care provider before allowing you a leave for pregnancy disability or for your own serious health condition. We also may require certification from the health care provider of your child, parent or spouse, who has a serious health condition, before allowing you a leave to take care of that family member. When medically necessary, leave may be taken on an intermittent or reduced work schedule.

If you are taking a leave for the birth, adoption, or foster care placement of a child, the basic minimum duration of the leave is two weeks, and you must conclude the leave within one year of the birth or placement for adoption or foster care.

Taking a family care or pregnancy disability leave may impact certain of your benefits and your seniority date. If you want more information regarding your eligibility for a leave and/or the impact of the leave on your seniority and benefits, please contact Human Resources Benefits Unit at (707) 565-2900 .



# YOUR RIGHTS UNDER USERRA

## THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

**USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.**

### REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- ☆ you ensure that your employer receives advance written or verbal notice of your service;
- ☆ you have five years or less of cumulative service in the uniformed services while with that particular employer;
- ☆ you return to work or apply for reemployment in a timely manner after conclusion of service; and
- ☆ you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

### RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you:

- ☆ are a past or present member of the uniformed service;
- ☆ have applied for membership in the uniformed service; or
- ☆ are obligated to serve in the uniformed service;

then an employer may not deny you:

- ☆ initial employment;
- ☆ reemployment;
- ☆ retention in employment;
- ☆ promotion; or
- ☆ any benefit of employment

because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

### HEALTH INSURANCE PROTECTION

- ☆ If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- ☆ Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

### ENFORCEMENT

- ☆ The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- ☆ For assistance in filing a complaint, or for any other information on USERRA, contact VETS at **1-866-4-USA-DOL** or visit its **website at <http://www.dol.gov/vets>**. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.
- ☆ If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- ☆ You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address: <http://www.dol.gov/vets/programs/userra/poster.htm>. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.



**U.S. Department of Labor**  
**1-866-487-2365**



**U.S. Department of Justice**



**Office of Special Counsel**



**1-800-336-4590**

Publication Date—July 2008



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 2-28-2017)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact \_\_\_\_\_.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2017. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidtprecovery.com/hipp/">http://flmedicaidtprecovery.com/hipp/</a> Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: <a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> Phone: 1-888-346-9562

<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MAINE – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.mass.gov/cohhs/gov/departments/masshealth/">http://www.mass.gov/cohhs/gov/departments/masshealth/</a> Phone: 1-800-462-1120	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MINNESOTA – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MISSOURI – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>MONTANA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
<b>NEBRASKA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a> Phone: 1-855-632-7633	Website: <a href="http://www.cohhs.ri.gov/">http://www.cohhs.ri.gov/</a> Phone: 401-462-5300
<b>NEVADA – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Medicaid Website: <a href="https://dwss.nv.gov/">https://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820



<b>SOUTH DAKOTA - Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
<b>TEXAS – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>UTAH – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>VERMONT– Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
<b>VIRGINIA – Medicaid and CHIP</b>	
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)